PATENT APPLICATION FEE DETERMINATION RECOR									Application of Docket Number  D9/99/379					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL I	ENTITY	OR	OTHER SMALL	THAN		
TOTAL CLAIMS			20	)	B			RATE	FEE	7	RATE	FEE		
FC	OR	NUMBER FILED		NUMBER EXTRA		В	ASIC FE	E 370.00	OR	BASIC FEE	740.00			
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			3 minus 3 =		•		┟	X42=		OR	X84=			
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				上	. 4 40		1				
* If the difference in column 1 is less than zero, enter "0" in column 2								+140= TOTAL		OR	+280=			
	CLAIMS AS AMENDED - PART II									OŖ	TOTAL	TUAN		
4_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total ·	. 20	Minus	- d	<i>D</i>	=	Γ	X\$ 9=	1010 Syl	OR	X\$18=	/		
A REI	Independent	1.3	Minus	***	3	=		X42=	1 /	OR	X84=	/		
尸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1/	OR	+280=	<i>?</i> :		
	BEST AVAILABLE COPY								<u> </u>		TOTAL			
	•	(Column 1) (Column 2) (Column 3)							E	<b>]</b> On	ADDIT. FEE	<u> </u>		
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***				X42=		OR	X84=			
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
l	A									OR	TOTAL ADDIT, FEE	_		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT C.		REMAINING AFTER AMENDMENT		NUM: PREVIO PAID	SER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Š	Total :	* ;	Minuś	**		=	[:	X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***				X42=		OR	X84=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR OR	+28U=			
***	** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate bo										ADDIT. FEE			
	ine "Highest Nun	nder Previously Pai	o For (Total o	rindepende	ent) is the	nighest number	tound	iu ne at	opropriate box	c in col	umn 1.			

FORM PTO-875 (Rev. 8/01)

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